Cypress College
Student Support Services Quality Review Report

Department: ___________________________  Manager: ___________________________

Names of those participating in the report: ________________________________________

Date: ___________________________  Date of previous quality review: ______________

**Student Satisfaction with Support Services Provided:**

*Please indicate the proportions (%) of students who rated each aspect as “excellent” or “good” (separately and combined). The Cypress College standard is met whenever 75% or more of responses fall in the “good” or “excellent” categories (combined).*

<table>
<thead>
<tr>
<th>Student satisfaction with:</th>
<th>Percent Responding “Excellent”</th>
<th>Percent Responding “Good”</th>
<th>Percent Responding Good / Excellent (Combined %)</th>
<th>College Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of operation</td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
</tr>
<tr>
<td>Timeliness of response</td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
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<tr>
<td>Clarity of procedures</td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
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<tr>
<td>Quality of materials</td>
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<td></td>
<td></td>
<td>75%</td>
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<tr>
<td>Staff helpfulness</td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
</tr>
<tr>
<td>Staff knowledge</td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
</tr>
<tr>
<td>Overall quality of service</td>
<td></td>
<td></td>
<td></td>
<td>75%</td>
</tr>
<tr>
<td><strong>Department-specific indicators (if applicable):</strong></td>
<td></td>
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</table>

**Change since last quality review**

*Briefly summarize the extent to which satisfaction has improved or declined since the last quality review cycle.*
Narrative

Reflect on standards met and any standards not met.

Standards Met – To be used when department wants to improve on an indicator even though a standard for this indicator has been met. Use this section to briefly reflect upon major accomplishments.

Standards Not Met – Please provide any insight into significant challenges or obstacles that may have contributed to low student satisfaction. Identify the types of changes necessary for improvement.
Long-range Plan and Objectives

In the following section, identify general goals and specific, measurable objectives your area plans to achieve within the next three years. Programs should identify 3-5 goals, with at least one goal per year. Goals set for next year that require fiscal resources must also be submitted as a Budget Request and Action Plan (separate form).

I.  Goal: Insert goal statement here

   Supports Strategic Direction (if applicable): ____________________________

   1.  Objective: insert first objective here

      1.1.  Person(s) responsible:

      1.2.  Timeframe:

      1.3.  Fiscal resources needed (if not applicable, indicate “NA”):

   2.  Objective: insert second objective here (if applicable)

      2.1.  Person(s) responsible:

      2.2.  Timeframe:

      2.3.  Fiscal resources needed (if not applicable, indicate “NA”):


Use the above outline format to add additional goals or objectives as necessary.

Reminder: If fiscal resources are needed for next year’s goals, submit a separate Budget Request and Action Plan for budget unit review.